

<b>TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT</b> <b>PART VIII - MAINTENANCE AND MATERIEL DATA</b> <small>For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA</small>					<b>REQUIREMENTS CONTROL SYMBOL</b> <b>CSOCS-309</b>		
<b>1. AIRCRAFT HISTORY</b>				<b>2. CAUSATIVE ROLE</b>	<b>D</b> Definite	<b>S</b> Suspected	<b>U</b> Unknown
a. Hours Since New							
b. Hours Since Last Major Repair							
c. Last Phase Inspection (YYMMDD)							
d. Hours Flown Since Last Phase Inspection							
e. Organization Completing Last Phase Inspection (UIC)				a. Materiel			
				b. Maintenance			
				c. Design			
				d. Manufacture			
<b>3. FAILED OR MALFUNCTIONED MATERIEL</b>							
Identification		Major Component		Part			
a. Nomenclature				h. TAMMS Data			
b. Type, Design, Series				(1) No. of Overhauls			
c. Part Number				(2) Date of Last Overhaul (YYMMDD)			
d. NSN				(3) Hrs Since Overhaul			
e. MFG Code				(4) Hrs Since New			
f. Serial Number				(5) Hrs Since Last Installed			
g. TM Data				(6) Date Last Installed (YYMMDD)			
(1) TM Number				(7) Last Overhaul Facility			
(2) Date (YYMMDD)				(8) Last Special Insp (Type)			
(3) Functional Group				(9) Hrs Since Last Special Inspection			
(4) Figure Number				(10) Date of Last Spec Inspection (YYMMDD)			
(5) Item Number				i. Type/Mode of Failure/Malfunction			
				j. Cause of Failure/Malfunction			
				k. QDR/EIR Number			
<b>4. WARNING SYSTEM AND INDICATION OF FAILURE/MALFUNCTION</b>							
a. Status of Aircraft Warning System for This Part				b. Indications of Failure/Malfunction			
<input type="checkbox"/> Operative <input type="checkbox"/> Inoperative <input type="checkbox"/> NA				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> None			
c. Initial Indication of Failure/Malfunction		<input type="checkbox"/> (1) Vibration		<input type="checkbox"/> (3) Attitude		<input type="checkbox"/> (5) Odor	
		<input type="checkbox"/> (2) Noise		<input type="checkbox"/> (4) Inspection		<input type="checkbox"/> (6) Fluid	
				<input type="checkbox"/> (7) Smoke or Fire		<input type="checkbox"/> (9) Warning System	
				<input type="checkbox"/> (8) Other Personnel		<input type="checkbox"/> (10) None/Other	
<b>5. TEARDOWN ANALYSIS</b>		a. Organization Performing				b. USASC Control No.	
<b>6. REMARKS</b> (Use additional sheet if required)							
7. CASE NO.		a. Date (YYMMDD)		b. Time		c. Acft Serial No.	
8. OTHER ACFT SERIAL NO.							